

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

## **A. Kenneth Press**

Mailing Address 95 Madison Ave  
Ste 108

City State Zip Code  
Morristown NJ 07960

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 02 / 2015

Transaction ID : SA11AI.28185

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Peter Pruden**

Mailing Address 75 Prospect St  
Ste 401 Rear Bldg

City State Zip Code  
Huntington NY 11743

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Peter H Pruden DDS PC

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

11 / 17 / 2015

Transaction ID : SA11AI.28186

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

## **C. William Purdy**

Mailing Address 8 Carmichael St  
Suite 102

City State Zip Code  
Essex VT 05452

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NVOS, PC

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 05 / 2015

Transaction ID : SA11AI.28187

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

875.00